

# U.S. Marine Corps



## HEALTH SERVICE SUPPORT

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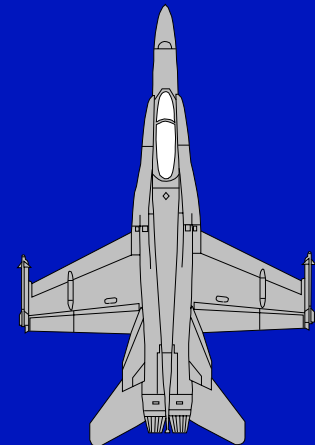
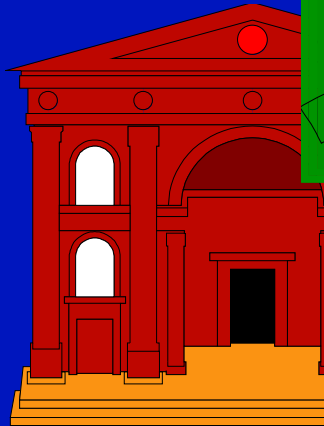
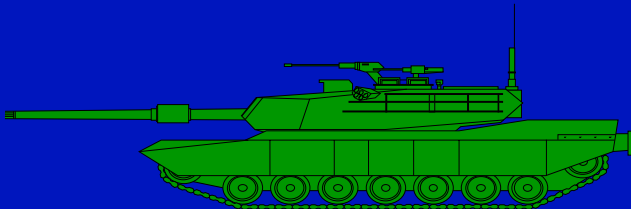
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# Mission of *MCCDC*

**EXECUTIVE AGENT TO THE  
COMMANDANT  
FOR COMBAT DEVELOPMENT**



# Concept-Based Requirement System . . .

## COMMANDANT'S PLANNING GUIDANCE

PROVIDES BROAD FORCE DEVELOPMENT GUIDANCE

## MARINE CORPS MASTER PLAN

PROVIDES LONG RANGE VISION IN THE CONCEPTS

INCORPORATES EXTERNAL/INTERNAL GUIDANCE

CONSOLIDATES AND EXPLAINS DEVELOPMENTAL EFFORTS

PRIORITIZES CAPABILITIES

## MISSION AREA ANALYSIS

DEFINES CURRENT CAPABILITY

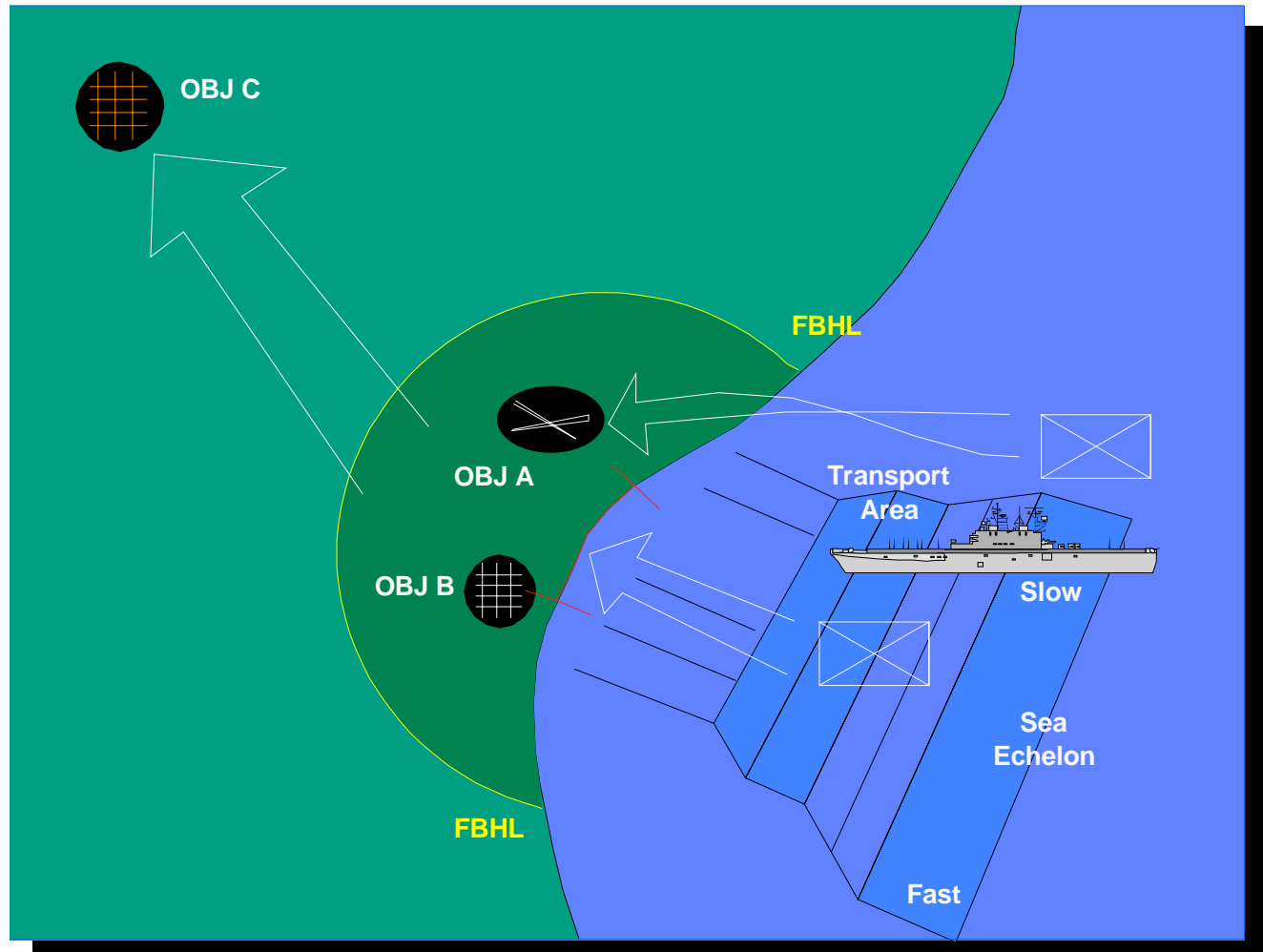
IDENTIFICATION OF CAPABILITY DEFICIENCIES

PROVIDES FRAMEWORK FOR REQUIREMENTS

*Looking towards the future...!*



# The Way We Are.



# CURRENT PARADIGM

## Force Multiplier

- *Preventive Medicine* - Infectious disease
- *Casualty Care* - Return to duty/lengthy evacuation policy
- *Medical Evacuation* - Post-recovery/stable patients/limited enroute care

## Continuum of Care

- *Echelons of Care* - Restrictive points of treatment
- *Platform Capabilities* - Place
- *Holding Capabilites* - Beds

*20th Century Battlefield Medicine*



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**...FROM THE SEA**

**FORWARD ...FROM THE SEA**

**OMFTS**

**SHIP TO OBJECTIVE MANEUVER**

**SEA BASED LOGISTICS**



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# **OPERATIONAL MANEUVER**

## **FROM THE SEA**



# TENETS OF OMFTS

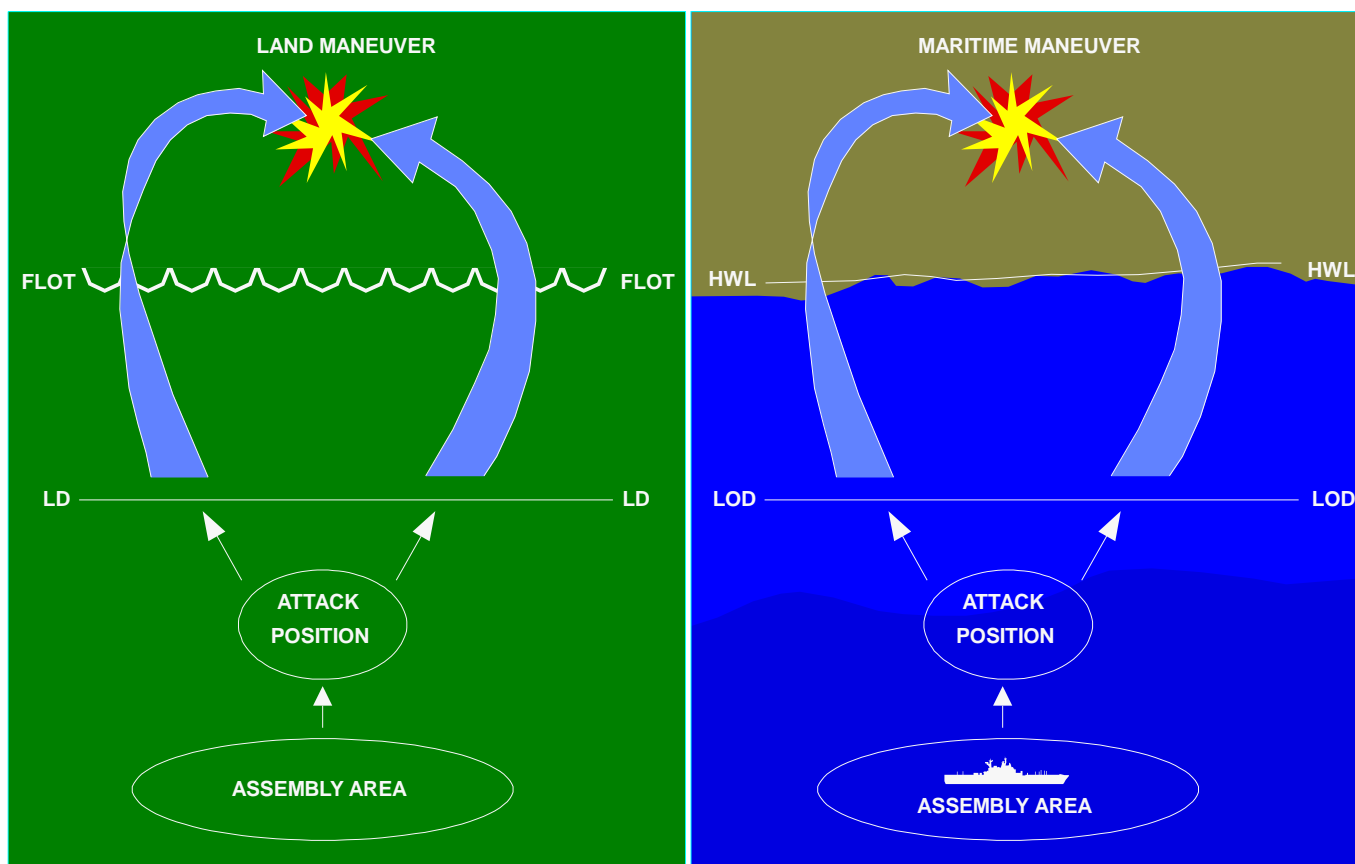
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- **FOCUS ON OPERATIONAL OBJECTIVE**
- **TREAT THE SEA AS MANUEVER SPACE**
- **CREATE OVERWHELMING TEMPO AND MOMENTUM**
- **APPLY STRENGTH AGAINST WEAKNESS**
- **EMPHASIZE INTELLIGENCE, DECEPTION & FLEXIBILITY**
- **INTEGRATE ORGANIC, JOINT AND COMBINED ASSETS**





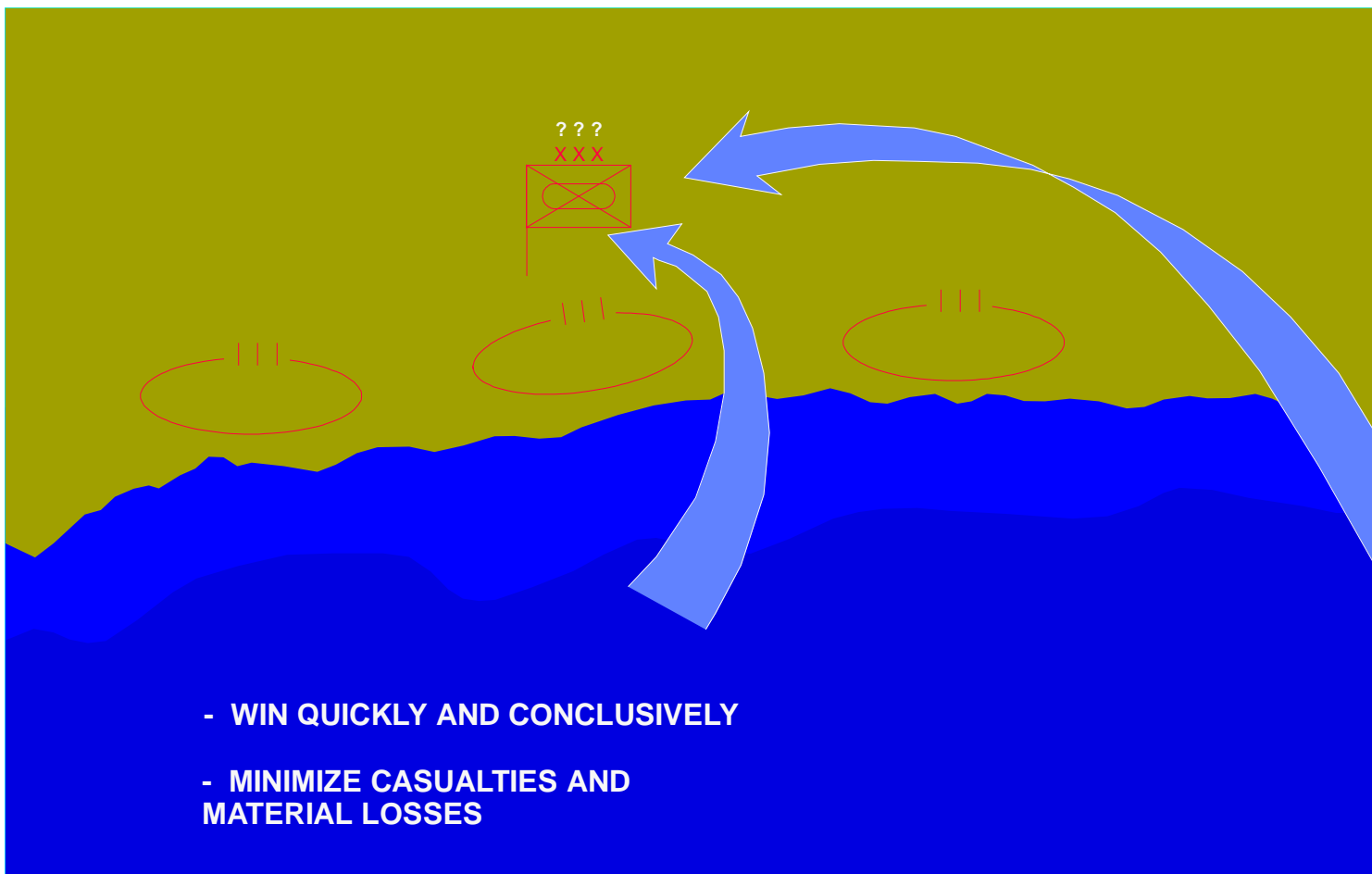
# OMFTS IS THE APPLICATION OF MANEUVER WARFARE TO A MARITIME CAMPAIGN





# ACHIEVE VITAL OBJECTIVES RAPIDLY

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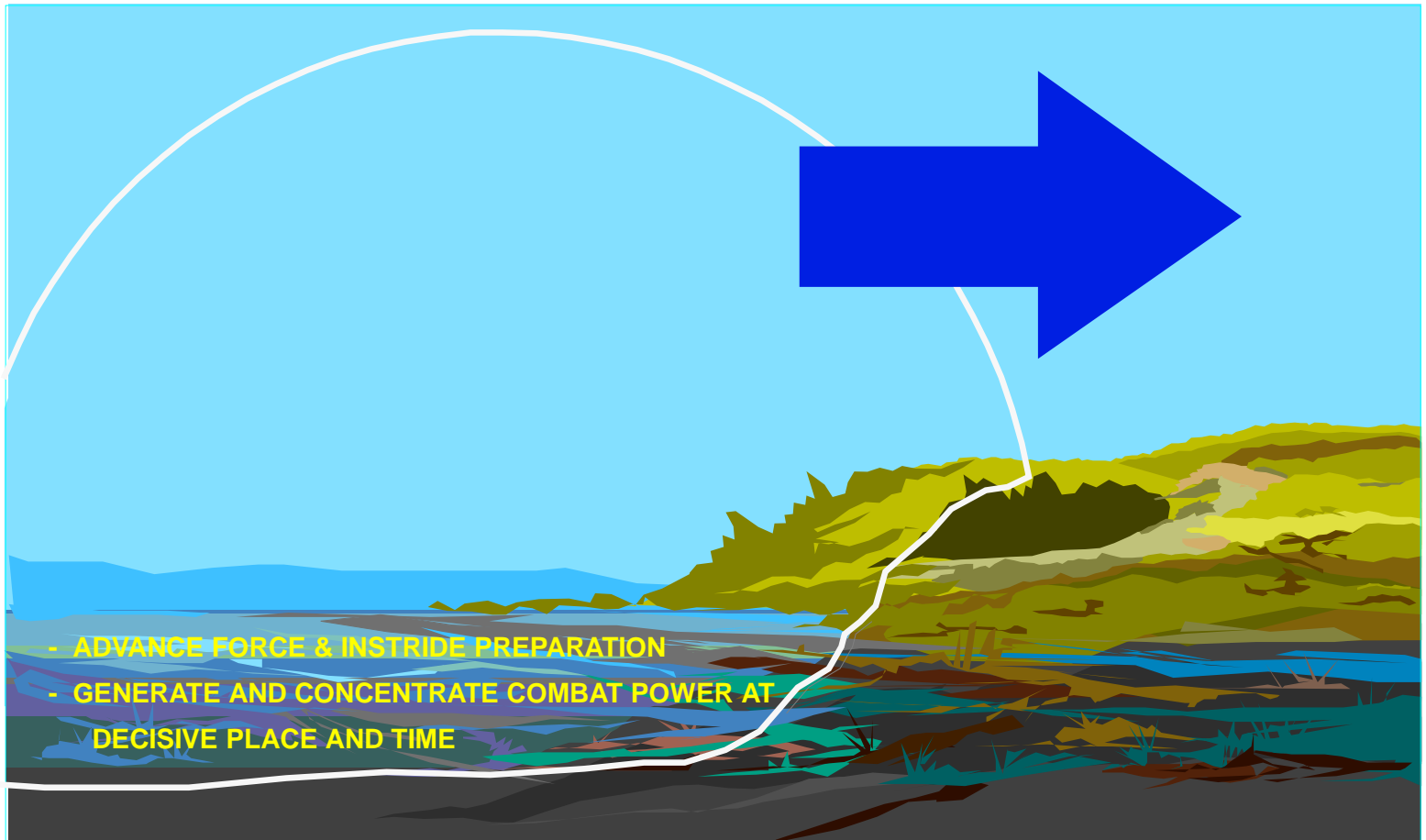
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- WIN QUICKLY AND CONCLUSIVELY
- MINIMIZE CASUALTIES AND MATERIAL LOSSES



# CONTROL AND DOMINATE THE BATTLESPACE

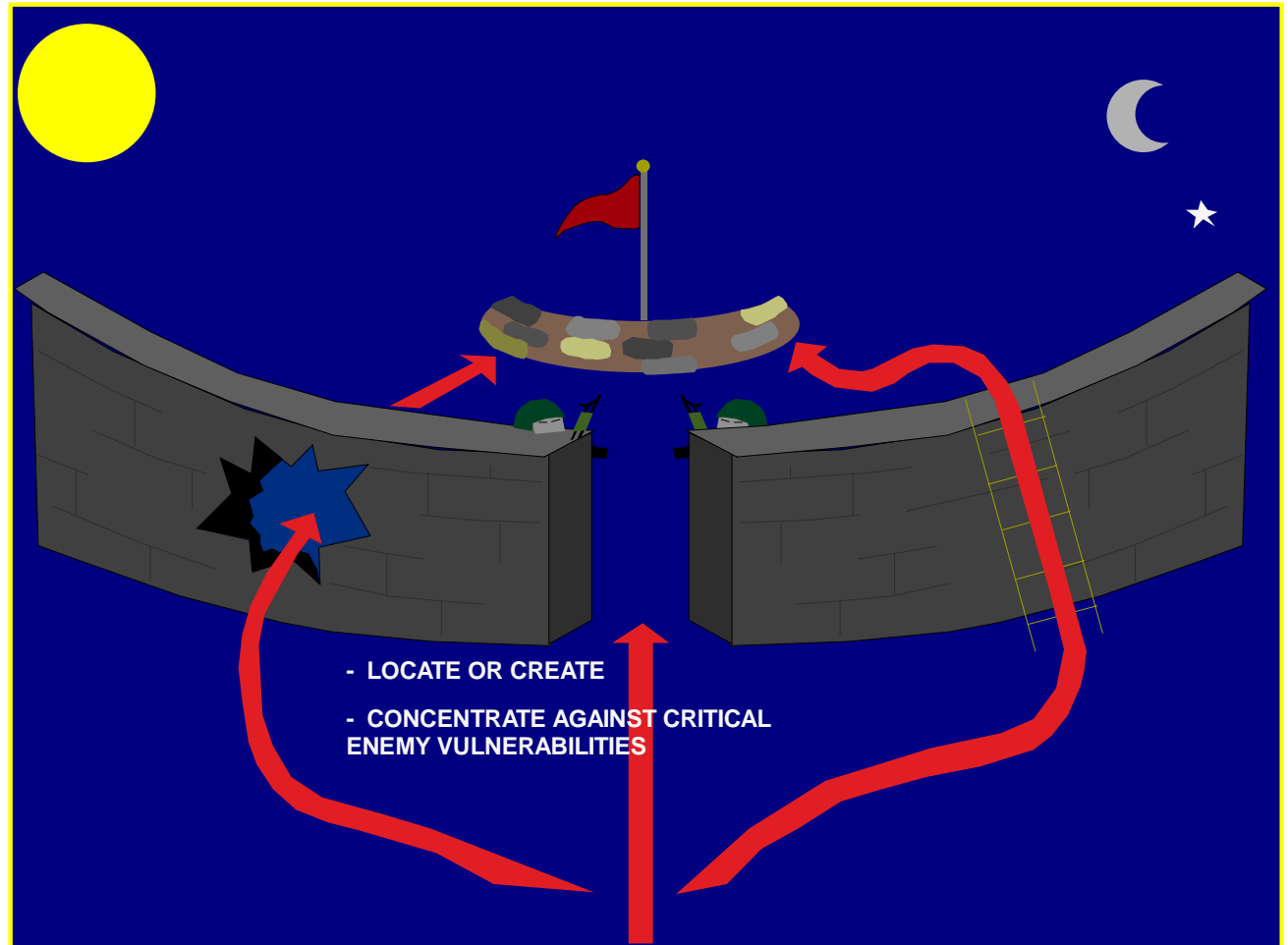
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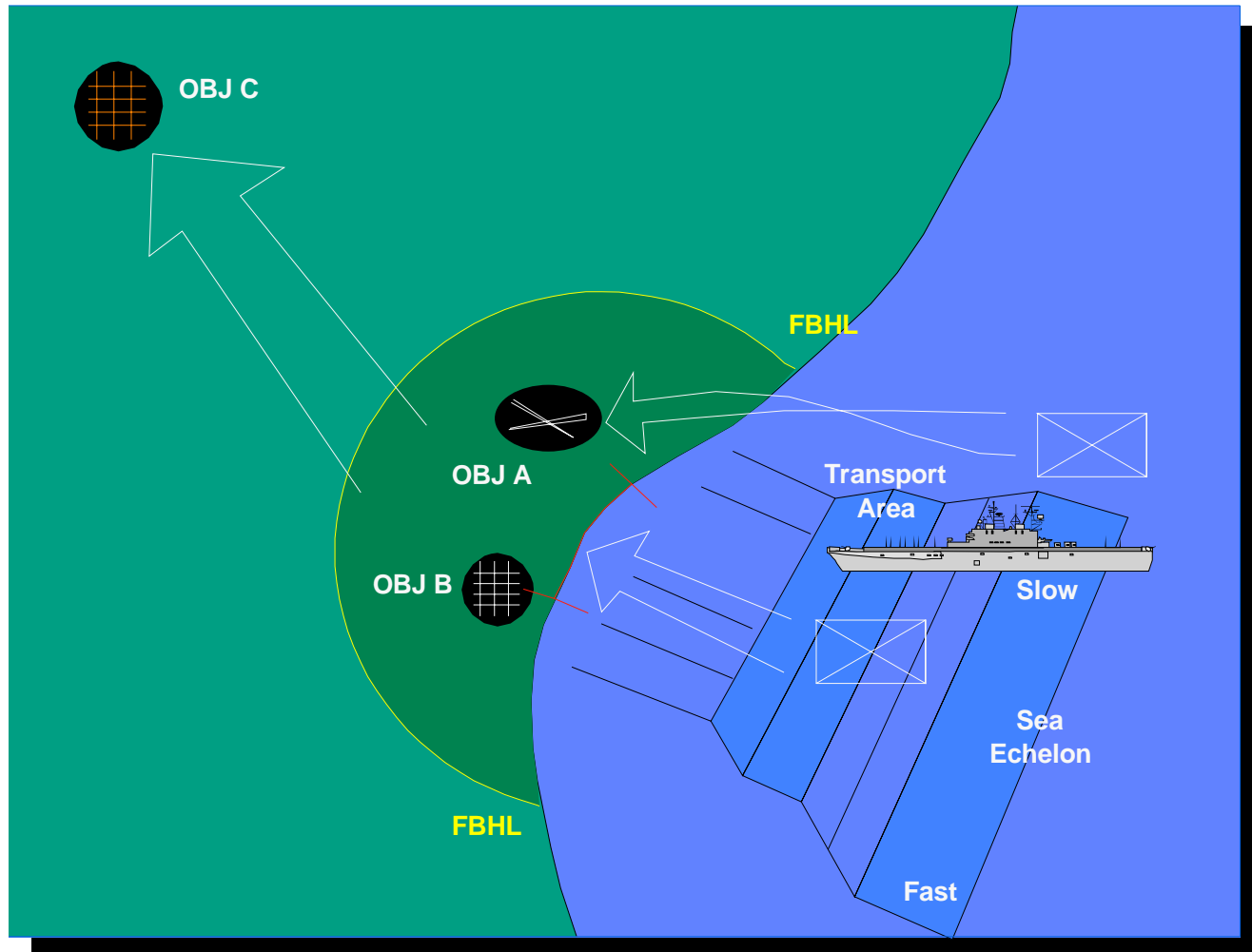
# EXPLOIT GAPS, WEAKNESSES AND OPPORTUNITIES

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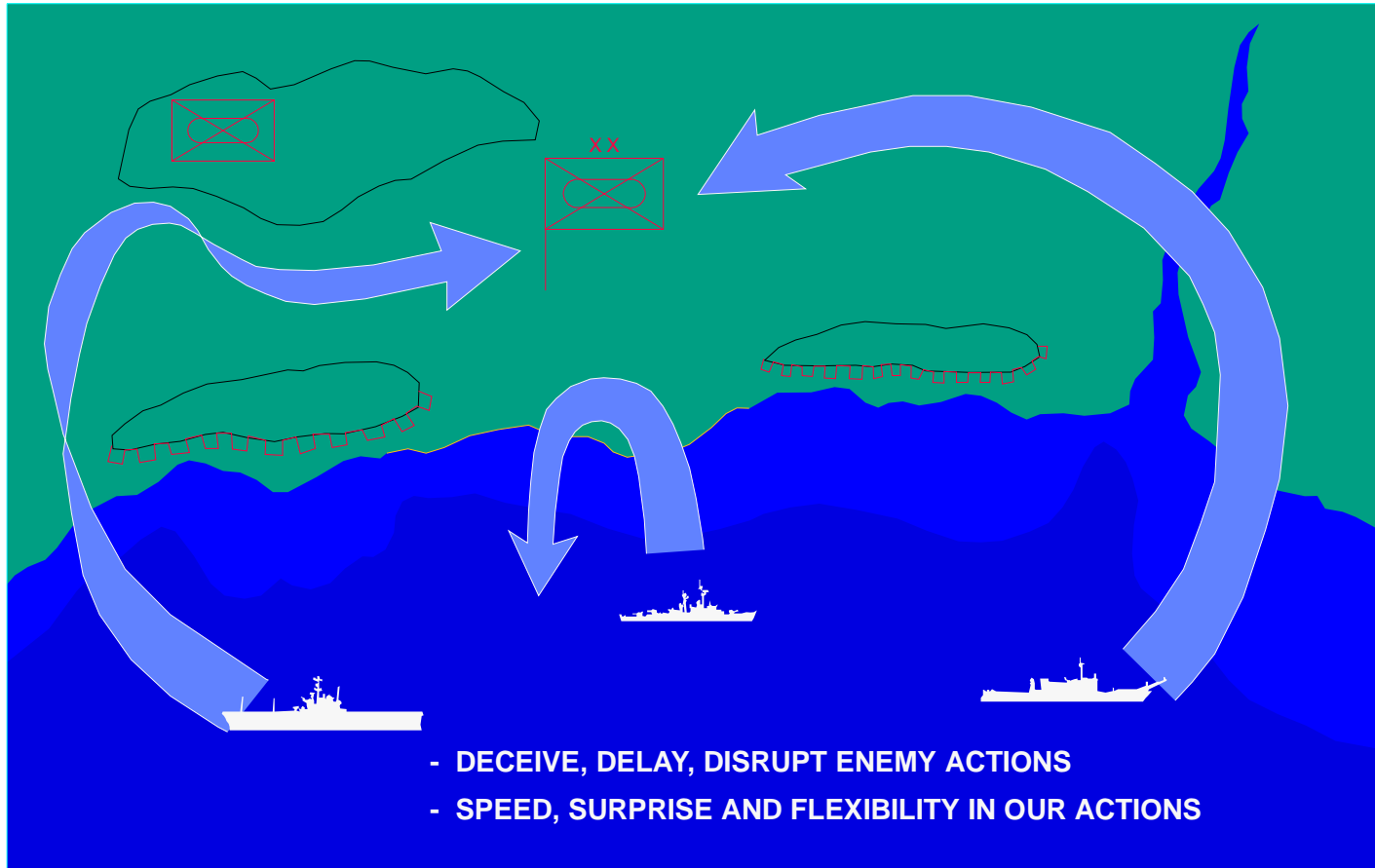
# The Way We Are.





# OVERWHELM THE ENEMY BY GENERATING OPERATIONAL TEMPO

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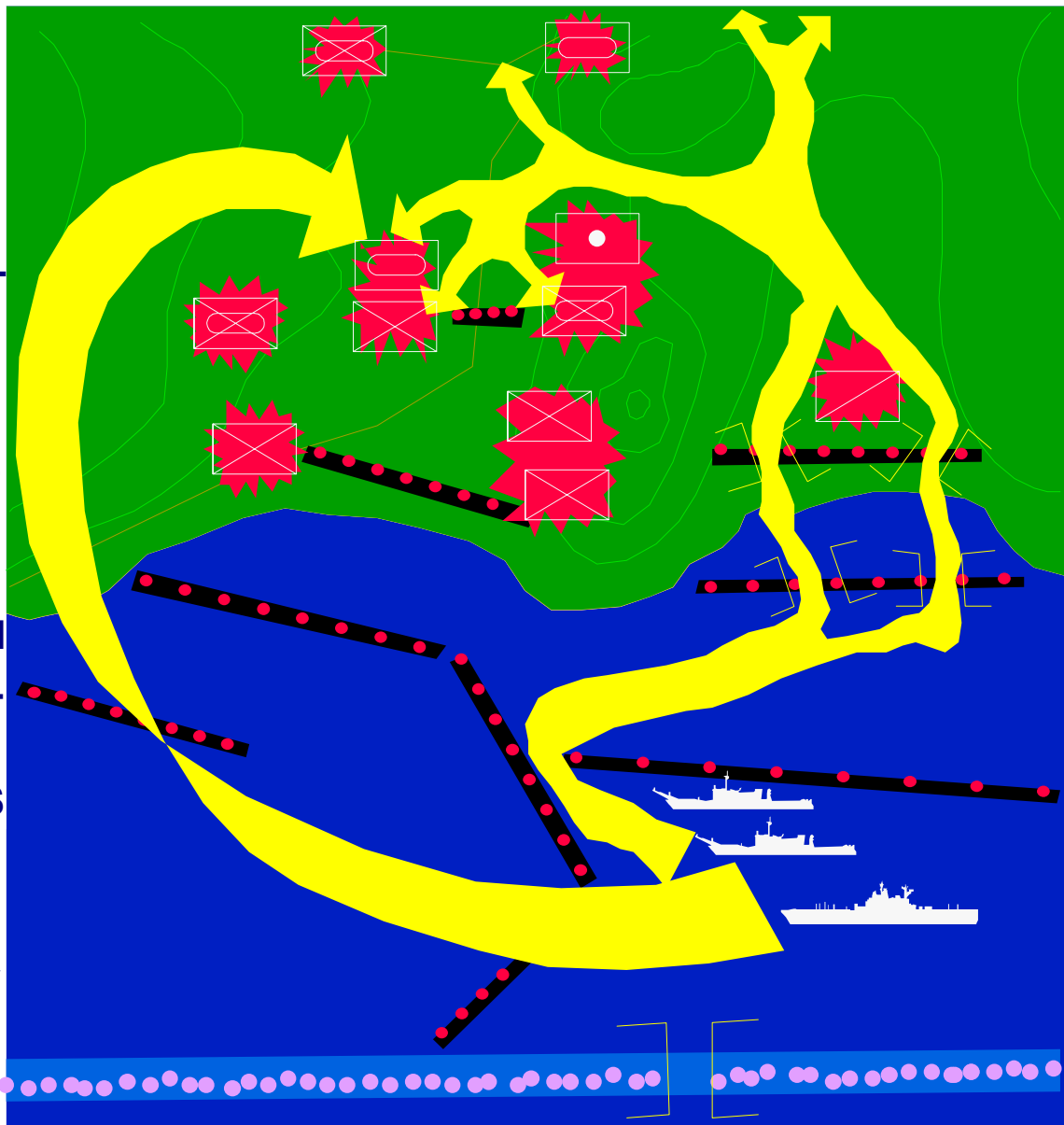
# **SHIP TO OBJECTIVE MANEUVER**

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- CONTROL TEMPO/OVERWHELM ADVERSARY**
- COMBINED ARMS MANEUVER FROM OTH**
- DILUTE ENEMY BY ENLARGING BATTLESPACE**
- CONTROL VITAL AREA BY FIGHTING OUTSIDE IT**
- MANEUVER TO CAUSE AN EXPLOITABLE REACTION**



**A TACTICAL  
CONCEPT  
GUIDING THE  
DEVELOPMENT  
OF DOCTRINE,  
ORGANIZATION  
AND EQUIPMENT  
FOR OPERATIONS  
IN THE  
21ST CENTURY**







# **SEA BASED LOGISTICS**

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- PRIMACY OF THE SEA BASE**
- REDUCED DEMAND**
- IN-STRIDE SUSTAINMENT**
- ADAPTIVE RESPONSE & JOINT OPERATIONS**
- FORCE CLOSURE & RECONSTITUTION AT SEA**

# WHY REENGINEER ?

? **Changing Naval Warfight**

? **Naval Operational Concept**



**Operational Maneuver From the Sea**

? **Maneuver vs Attrition Warfare**

# WHAT NEEDS TO CHANGE



*“The Current Paradigm of Health Service  
Support for Naval Operations”*

# NEW PARADIGM

## Force Enabler

- Casualty Prevention - Epidemiological approach to trauma as well as disease and non-battle injuries
- Casualty Retention - Care to casualty/leverage technology to keep casualty at duty site
- Casualty Evacuation - Clearing the battlefield by rapid/early stabilization, enroute care

## Continuum of Care

- Levels of care - Time based care (relates to physiological process and is operationally mappable)

*20th Century Battlefield Medicine*



***NATIONAL  
MILITARY STRATEGY  
Shape, Respond, Prepare Now***

***JOINT HEALTH SERVICE SUPPORT***

***Healthy &  
Fit Force***

***Casualty  
Prevention***

***Casualty Care  
& Management***

***SERVICE SUPPORT***

***MILITARY HEALTH SERVICES SYSTEM***

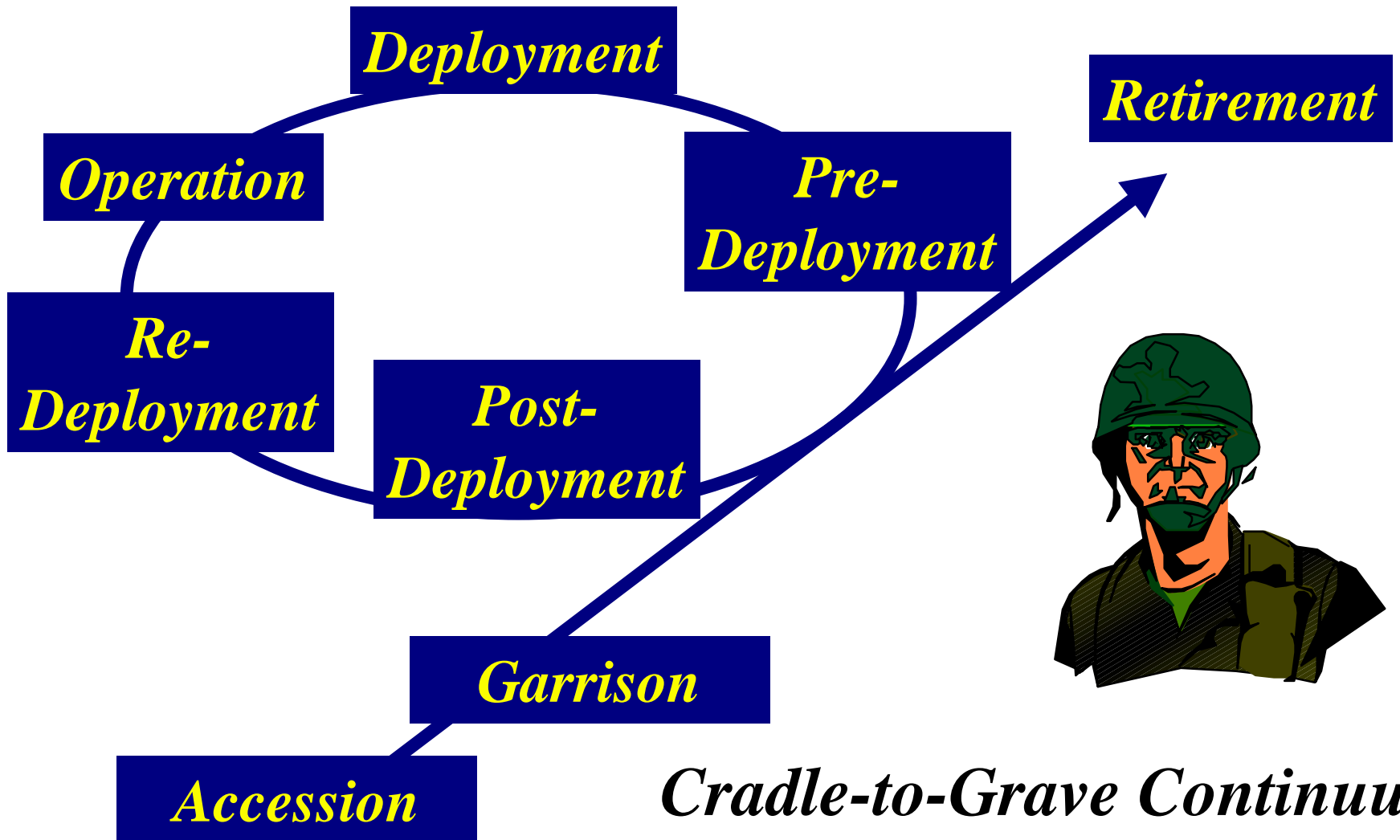


# Force Medical Protection

- **Definition:**

- **A unified strategy that protects service members from all health and environmental hazards associated with military service**
- **Cradle - to - grave continuum**
  - **Protection**
  - **Monitoring**
  - **Management**

# Force Medical Protection





# Healthy & Fit Force Strategies

- **Target areas with the greatest impact on mission readiness**
- **Provide information to commanders and decision makers**
- **Provide incentives for health promotion**





# Healthy & Fit Force Tenets

- **BODY**
  - Physical/Dental Fitness
  - Injury/Disease Prevention
  - Nutrition
- **MIND**
  - Cognitive
  - Behavioral
  - Emotional
  - Spiritual
- **SUPPORTIVE ENVIRONMENT**
  - Community and Family
  - Occupational/Environmental Health



# Casualty Prevention Strategies

- **Establish joint medical surveillance activity**
  - Centralize collection, analysis, reporting
- **Field automated medical surveillance information systems**
- **ID and prioritize R&D requirements:**
  - bio-sensors, low-level chemical monitors
- **Standardize countermeasure capabilities**
- **Develop metrics to ensure performance**
  - Link personnel and medical data
  - Report individual and unit medical readiness



# Casualty Prevention Tenets

- **Assess threats**
- **Employ countermeasures**
- **Conduct medical surveillance**
- **Analyze trends and outcomes**

# Casualty Care & Management Tenets



- **First Responder**
- **Forward Resuscitative Surgery**
- **Essential Theater Hospitalization**
- **Enroute Care**
- **Definitive Care**

# USMC INITIATIVES

- **First Responder**
  - **FMSS Curriculum**
  - **New HM MED BAG**
  - **Greater Self/Buddy Aid?**
- **Skills Maintenance**

# USMC INITIATIVES

- **Forward Resuscitative Surgery (FRS)**
  - **Funded ORD FY 02**
  - **New ORD in progress**
  - **18 cases in 48-72 hrs**
  - **Only Life Saving**
  - **Trauma/FRS Training**

# **FORWARD SURGICAL CAPABILITY**

- **MISSION: STABILIZE NON-TRANSPORTABLE PATIENTS AND MAKE THEM TRANSPORTABLE WITH THE MOST EXPEDITIOUS, ADEQUATE SURGICAL PROCEDURE; RESUSCITATIVE SURGERY, INITIAL WOUND SURGERY**
- **CAPABILITIES: 8-10 PERSON TEAM**
  - **100% MOBILE**
  - **TRIAGE / PRE OP**
  - **RESUSCITATIVE SURGERY**
  - **POST OP / ICU HOLDING FOR 1-2 PATIENTS**
  - **1 OR TABLE = 18 cases in 48-72 HRS**
  - **GENERAL SURGICAL (LIFE SAVING)**

# **ENROUTE CARE**

- **TACTICAL AND STRATEGIC (USMC VS AF)**
- **LIFT OF OPPORTUNITY VS DESIGNATED  
VS DEDICATED**
- **PATIENT MOVEMENT TEAMS??**
- **LIFE SUSTAINMENT**
- **PATIENT MOVEMENT ITEMS (PMI)**



# **SEA BASED LOGISTICS MEDICAL IMPLICATIONS**

- **VERY SMALL FOOTPRINT ASHORE**
- **TREMENDOUS RELIANCE ON MEDEVAC**
- **DESIGNATE/DEDICATE AIRFRAMES**
- **REORGANIZE GREEN HSS AGAIN?**
- **FUTURE OF FLEET HOSPITALS**
- **FUTURE OF HOSPITAL SHIPS**
- **INCREASED USE OF HOST NATION SUPPORT**

# **What is in the future for USMC HSS?**

- **Possible reorganization of  
Green HSS**
- **Blurring of Blue/Green HSS  
lines**
- **Increase Training level for  
HM's ...Super Corpsmen**

# **Future Continued**

- **Designated vs Dedicated  
MEDEVAC**
- **LPD-17 Hospital Ship Variant ?**
- **Armored Ambulance/Extractor**
- **Far Forward Resuscitative Surgery**
- **Trauma Training/FRS Training**
- **Increased Joint Participation**

# CLASS VIII IMPLICATIONS OF OMFTS/STOM

- “FORWARD RESUSCITATIVE SURGERY” AMAL
  - RESUPPLY SURGICAL CASES FROM SEA BASE
- NEW ADAL REPLACEMENT???
- POTENTIAL REORG OF MEDICAL/DENTAL BNS
  - NEW AMALS/ADALS WITH NEW AMTS???
- POTENTIAL REORG OF WING AID STATIONS
  - ADD EN-ROUTE CARE CAPABILITY???
  - PATIENT MOVEMENT ITEMS (PMI)
  - SVC VS. JTF/CINC PMI TRACKING...BIOMED RPR RESPONSIBILITY???
- POTENTIAL REORG OF DIVISION ORG MED CAPABILITY
- LEVEL II NSN INTEROPERABILITY WITH SEA BASE

# CLASS VIII IMPLICATIONS CONTINUED

- MPF(F) DISTRIBUTION CONTROL POINT
  - MAINTENANCE RPR FACILITY..BIOMED IMPLICATIONS
- MODULAR/TAILORABLE/RAPIDLY TASK ORGANIZED
  - BREAK BULK RESUPPLY
- COMMON LOGISTICAL PICTURE
  - INTEGRATE COMMERCIAL SOURCES
  - LEVERAGE & ANTICIPATE RESUPPLY

**ANY QUESTIONS???**